

Guidelines for Adjunct EMDR THERAPY referrals for ACC ISSC

**Flow chart and referral form for ACC ISSC Lead Providers
referring clients for EMDR Therapy**

Lead Provider (LP) considering referral for specialist EMDR work

1. Client Consent: Does the client want EMDR and has given consent for the referral?

Yes

No. Discuss further with client and get consent

2. Client Stabilisation/Phase 1 of Trauma Therapy:

- a. Has specific emotional regulation and resource development been established with and is it being used by the client?

(Phase 1 of a triphasic trauma model is 'Safety and Stabilisation' and this needs to be sufficiently established for Phase 2/Trauma Reprocessing to proceed.)

- b. Please list the methods of stabilisation the client has established.

Examples could include but are not limited to:

- *Trauma related psychoeducation about the effects of trauma on mind and body.*
- *A concrete and robust safety plan in place the client will use.*
- *Use of trauma informed grounding skills.*
- *Mindfulness to remain present and to desist from dissociation.*
- *Mindfulness of the body being achieved without dissociation.*
- *Recognition of trauma cues and use of skills to manage hyper- or hypo-arousal effectively.*
- *Calm, Safe Place/State or Peaceful Place/State strategies*

Yes

No. Do not refer until Phase 1 work is in place

3. Collaboration

Are you aware there will need to be an agreed collaborative arrangement between the LP and the EMDR Provider? Such as:

- LP continuing to provide support and resources for client throughout the EMDR work.
- LP and EMDR Provider jointly holding the risk for the client throughout the EMDR work and have an active liaison plan in place to manage this together.

- LP completes all the paperwork throughout the EMDR work (EMDR Provider will supply relevant information to LP to include in Progress Reports or new Wellbeing Plans).
- Agreement that the ISSC Support to Wellbeing hours are likely to be split between LP and EMDR Provider.
- Can you arrange a 3-way meeting as part of active liaison?

Are all points above agreed on?

Yes. Consider referring

No. Do not refer

4. Suitability of EMDR for the Client

To determine suitability of EMDR for the client:

- An initial phone conversation between LP and EMDR Provider can be arranged, **OR**
- A meeting between client, LP and EMDR provider should be arranged before acceptance of referral, for which LP will need to seek funding from ACC.

Has the client's suitability for EMDR been agreed on by client, LP and EMDR Provider?

Yes. Refer

No. Do not refer

If suitable based on the above, please now complete the following page and that page ONLY is to be sent to the EMDR provider.

A Purchase Order will need to be requested by the LP for 20 hours of Adjunct EMDR therapy (as well as DNA hours) and 3 Active Liaison Hours for the referring LP and the Adjunct EMDR provider to be included in the referral process backdated to the conversation as described above.

EMDR Adjunct Therapy Referral Form

To be completed by Lead Provider after referral discussed with the Adjunct EMDR therapist

Date of Referral:	
Name of referrer:	
Provider Number:	
Business address:	
Email address:	
Tel. number:	

Client Name:	
Gender: M/F/Non-Binary:	
Date of birth:	
Ethnicity:	
Tel. number:	
Email address:	
Address:	
ACC Sensitive Claim Number:	
Covered mental injury under ISSC:	
Number of Support to Wellbeing hours used from current approval and expiry date of current approval (include Active Liaison and DNA hours for the EMDR provider):	
DASS42 attached to referral:	
PCL-5 attached to referral:	

For the EMDR Provider receiving an EMDR co-working referral

EMDR Provider:

A. Do you have a certificate of completion of EMDR basic training?

Yes.

No. Redirect to a provider who does

B. Do you have ongoing EMDR supervision with an EMDR Supervisor?

Yes.

No. Redirect to a provider who does

The Referral:

1. Have all the referral points been considered by the referring LP and is there a yes to all items?

Yes. Proceed to next point

No. Ask LP to review client preparation

2. Can this work with EMDR be achieved in 20 to 30 sessions?

Yes. Proceed to next point **No.** Discuss with LP and review*

**(If progress is made after 20 sessions and more sessions are warranted then a plan for more sessions can be made and requested. 20 initial sessions has been suggested to allow time to ensure client is motivated)*

Other considerations:

3. As EMDR Provider does your EMDR assessment of client and their history indicate the client is suitable to proceed?

Yes. Continue with the adjunct work **No.** Refer back to LP

The EMDR Provider has the right to provide a more comprehensive assessment before agreeing to the therapy if deemed necessary.

4. When there are indications that the client would benefit from more than 20 hours, the LP can contact ACC and request further EMDR hours.

Yes. Request funding for more EMDR

No. Complete the work as planned, if this is appropriate or discharge back to LP

5. If long-term EMDR is indicated, changing Lead Provider role to the EMDR Provider may be appropriate.

Yes. Consider EMDR Provider becoming new LP

No. Complete as planned

Points for the administrative aspects:

1. The LP must request ACC to approve some Active Liaison hours for EMDR Provider and the LP to discuss the referral initially.
2. If a 3 way discussion between LP, client and EMDR Provider is to proceed, then it is advisable to gain the client's consent client for EMDR Provider to receive the Supported Assessment and a recent Support to Wellbeing plan.
3. EMDR Provider is encouraged to consider the hours that may be needed for an initial assessment, and to deliver the EMDR therapy, as well as active liaison hours.
4. DNA session allowance also to be requested alongside the Active Liaison and the Support to Wellbeing hours – e.g. request 2 AL and all DNA sessions during provision of the EMDR intervention.

Points of clinical consideration

Is there a safety plan in place and is it adequate in view of the LP and EMDR Provider?

Once all the above information has been collated and it appears to be a suitable referral, then the Lead Provider will seek ACC approval for the required hours and active liaison hours as well as DNA hours.

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For information about the procedural issues please contact Ian Wood at ian@hopeworx.nz or call 022 032 1360.